



State of Wisconsin CONSUMER GUIDE TO HEALTH CARE

Information for Better Health Care Choices

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Purpose of the Guide

Searching the World Wide Web for health care information can be like looking for a needle in a haystack. The purpose of this guide is to help Wisconsin residents make better health care choices by providing easy access to useful information. To meet this goal, we have identified computer links to Wisconsin-based organizations and/or databases wherever possible. We have also provided links to the most comprehensive national sites. Over time, we hope to continue to expand access to Wisconsin-specific data and organizations.

Sponsorship

The Consumer Guide to Health Care was developed as a response to a mandate in 1997 Wisconsin Act 231 (ch. 3, Wis. Stats.), which required the Wisconsin Department of Health and Family Services (DHFS) to produce a guide to assist consumers in choosing providers and plans. The Guide is produced by the Bureau of Health Information in the Division of Health Care Financing in DHFS.

Using the Guide

The Guide is located at www.dhfs.state.wi.us/guide (the same page is shown on the other side of this card).

For More Information about the Guide

Email: guideinfo@ohci2.oci.state.wi.us

Mail:

Bureau of Health Information

Division of Health Care Financing

Department of Health and Family Services

Vest Wilson Street, Room 372

Madison, WI 53707-7984

Phone: (608) 266-7568

Fax: (608) 264-9881

Getting Care



How to find and choose doctors, dentists, hospitals, nursing homes, and other health care providers.

Paying for Care



How to choose among your insurance options, and what to do if you have little or no insurance.

Dealing with Problems with Your Care



Who to contact if you have complaints about a doctor, hospital, other health care provider, or insurer.

Get the Most out of Your Health Care



Self-care, how to talk with your doctor, thinking about surgery, & experimental or alternative therapies.

Learning and Coping



How to find information about specific conditions or injuries from useful sites on the Web.

Help & Support for Your Situation



Wisconsin organizations that provide help and support for your illness or condition.

Other Sources of Information



Still haven't found what you're looking for? Here are a few more miscellaneous resources.

Quick Links

- For Seniors
- For Parents and Parents-to-Be
- Data Information en Español
- Immunizations & Preventive Care
- Legal Forms and Help
- State Agencies & Health Care
- Data on WI Hospital Stays and Surgeries

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In Court of Appeals

98-0229	State v. Matthew A. B.
98-2043	Kinship Service v. Roy Newcomer
98-2089-CR	State v. Earl L. Miller
98-2259	State v. Harry S. Bernstein
98-2514	Sugar Creek v. Elkhorn
98-2551-CR	State v. David C. Tutlewski
98-2649	Sussex Tool v. Mainline Sewer
98-2883	State v. William E. Marberry
98-2885-CR	State v. Michael R. Sturgeon
98-3176	Scott E. Pocius v. Kenosha County
98-3444-CR	State v. Jamerrel Everett
99-0127	Monroe Swan v. Douglas LaFollette
99-0255	Denis Collins v. Andrew Policano
99-0627	Janice Mack v. Health & Family Services
99-0629	Germaine Schoenhofen v. WI DOT
99-0671	Otto Wolter v. DOR
99-0707	Sawyer Cty v. Dept of Workforce Development
99-0714	Melvin A. Neuman, Ph.D v. Marathon Cty
99-0787	Est of Shawn Merrill v. Joseph Jerrick
99-2574	WI Coalition Voter Participation v. Elections Bd.

FILED

DEC 16 1999

**MARILYN L. GRAVES,
CLERK OF COURT OF APPEALS
OF WISCONSIN**

Before Cane Chm., Fine, Anderson, Hoover, and Deininger, JJ., Publication Committee.

The court having filed its opinion in each of the above-entitled appeals and the court having concluded pursuant to RULE 809.23 that the opinions should be published,

IT IS ORDERED that the opinion in each of the above-entitled appeals be published in the official reports.

Dated: December 16, 1999

By the Court:

Marilyn L. Graves

Marilyn L. Graves
Clerk of Court of Appeals

COURT ORDERED CORRECTION OF FALSIFIED DEATH CERTIFICATE USED
TO COVER-UP DEATH DUE TO MISDIAGNOSIS AND UNCONSENTED RESEARCH

Marathon County Circuit Court (December 18, 1998) ordered a corrected Death Certificate (DC) for Carol Constance Neuman to replace the fictional one created by Dr. Jenkins (UW-Affiliate, '89) June 30, 1989 who lied her death causes were

DC line (46a) gram negative sepsis; duration 1 week

DC line (46b) ovarian carcinoma; duration 18 months.

After her sudden death the autopsy reported she didn't have cancer and she died in hours of sepsis when immunocompromised by chemotherapy. She had severe gastrointestinal damage.

Medical evidence which proved her original Death Certificate was intentionally falsified despite the autopsy report is from

- (1) Emergency Room (ER) Note of Dr. David Jenkins (DC-signatory);
- (2) Wausau autopsy (Associates in Pathology, pathologist testimony);
- (3) prior pathology tests by Associates in Pathology and UWHC;
- (4) University of Wisconsin Hospital/Clinics medical records; and
- (5) Wausau Hospital and Wausau Medical Center records.

Testing records from '88-89 (Wausau/UWHC) state she had no cancer; CA 125 was elevated from Jan '89. No cancer cell was found in tests. The ER-Note names research chemotherapies used for elevated CA 125 wrongly assumed to be cancer. The fatal sepsis was the same as one diagnosed and treated at UWHC two months earlier; test records (4/18-22) proved sepsis was caused by gi-damage due to chemotherapy (autopsy report).

"Why a doctor knowingly issues a phony Death Certificate" is explained by appeals court findings of facts: (Petitioner's Explanatory Note)

- (1) she didn't have cancer-- (DC-cause 46b was a deliberate lie);
- (2) she had elevated CA 125-- (sole basis for research chemotherapy);
- (3) fatal sepsis duration was hours-- (one week was a deliberate lie);
- (4) a cause of death was being immunocompromised by chemotherapy;
- (5) UWHC chemotherapies were investigational/research; and
- (6) research chemotherapy treatments had nothing to do with cancer.

In limiting content of the amended Death Certificate (Nov 17, '99) to

DC (46a) gram negative sepsis; duration hours

DC (46b) when immunocompromised by chemotherapy; duration months

instead of Dr. Neuman's [Caps] (46B) and (46C) conditions on appeal

DC (46B) when immunocompromised by investigational chemotherapy

DC (46C) used solely to treat an elevated CA 125

appeals court ruled (46B, 46C) are facts but couldn't be used in DC. It ruled CA 125 was the cause of (46B) but since it was benign, CA 125 wasn't a condition for death. This hindsight excludes the reality that CA 125 was known to be benign in April '89 but it was still treated with research chemotherapy that caused her fatal sepsis. [46B, 46C] conform to guidelines for Death Certificate in WI Coroner's Handbook.

The court's evidentiary findings of proven facts go far beyond what was approved and allowed in DC-entries. Appeals Court wrote

"The facts that Neuman asks to be incorporated into the death certificate are not causes of death or part of the evolution of the disease, but rather describe a possible chain of malpractice. As such, the court properly excluded them from its order to amend Carol's death certificate."

The court didn't contest the evidence in UWHC and Wausau records that

COURT ORDERED CORRECTION OF FALSIFIED DEATH CERTIFICATE USED
TO COVER-UP DEATH DUE TO MISDIAGNOSIS AND UNCONSENTED RESEARCH

research was without her knowledge; without required written informed consent for research; and without her insurer's knowledge or approval. Fees collected for unconsented research are insurance/personal fraud.

The falsified Death Certificate covered-up the unconsented research for elevated CA 125 caused both sepsis (through gi-damage) and death (re-infection when immunocompromised). Two months after UWHC knew elevated CA 125 had a proven benign etiology and assumed cancer for CA 125 was erroneous, UWHC MDs/Dr. Jenkins still withheld test data and covered-up research chemotherapy by shifting to a second research treatment in UW Clinic now based solely on proven benign CA 125. In Dr. Jenkins ER-Note he wrote both chemotherapies were for raised CA 125 with no cancer but entered cancer in Death Certificate to cover-up autopsy data. [Wisconsin pathologists may write Death Certificates.]

The phony Death Certificate (contravened by the Autopsy report) served to cover-up the established pattern of faked records set at UWHC.

- (1) In her Initial Interview UWHC needed only one check-mark to falsify her insurer referral to "investigational rx (= treatment)" to circumvent the required signed informed patient/insurer consent and assign her to research for elevated CA 125 with no cancer. Her true insurer referral isn't filed at UWHC; I kept our copy of it. UWHC covered-up using her as a guinea pig without her consent.
- (2) UWHC withheld her CT-Scan sent to UW showed a gallbladder anomaly;
- (3) "Record Summaries" of test data written by Clinic MDs are proven false by comparing them to the original reports from the testing MDs. The April UWHC tests (two months before she died) proved
 - (A) misdiagnosis because her elevated CA 125 was due to benign ascites (excess abdominal fluid; see medical references);
 - (B) tests were negative for even one cancer cell; and
 - (C) gram negative sepsis was due to gi-damage that was caused by first research (intraperitoneal) chemotherapy.UW MDs faked the April Discharge Summary for 4/18-22 to cover-up misdiagnosis and gi-damage due to the first research chemotherapy and to withhold test results from us.
- (4) UWHC used the second research chemotherapy (which strongly attacks gi-tract) without her consent (1) after they knew the benign cause of raised CA 125 was not cancerous as they wrongly assumed without testing benign causes and (2) after they knew her first sepsis was due to gi-damage caused by the first research chemotherapy; and
- (5) By shifting to the new second research treatment in UWHC Gynecology/Oncology Clinic, UWHC closed her Central (Hospital) Records. UWHC concealed facts about her second research treatment. Based on literature reports, the second research chemotherapy was predictably fatal to a patient who already had gi-damage. All statements are proven by medical records/evidence submitted to the Courts. Dr. Jenkins, soon UW-affiliate, faked a Death Certificate to cover-up the research death of a non-consenting, misdiagnosed UWHC patient. The UWHC Trustees Chairman answered my treatment complaints with "... *her care was appropriate.*"-- for a non-consenting patient in UW research.

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**COURT OF APPEALS
DECISION
DATED AND FILED**

November 16, 1999

Marilyn L. Graves
Clerk, Court of Appeals
of Wisconsin

NOTICE

This opinion is subject to further editing. If published, the official version will appear in the bound volume of the Official Reports.

A party may file with the Supreme Court a petition to review an adverse decision by the Court of Appeals. See § 808.10 and RULE 809.62, STATS.

No. 99-0714

STATE OF WISCONSIN

IN COURT OF APPEALS
DISTRICT III

IN RE CORRECTION OF DEATH
CERTIFICATE CONCERNING
CAROL CONSTANCE NEUMAN:

MELVIN A. NEUMAN, PH.D.,

PETITIONER-APPELLANT,

V.

CIRCUIT COURT FOR MARATHON COUNTY AND THE
HONORABLE GARY L. CARLSON, PRESIDING,

RESPONDENTS.

APPEAL from an order of the circuit court for Taylor County:
GARY L. CARLSON, Judge. *Affirmed.*

Before Cane, C.J., Hoover, P.J., and Peterson, J.

¶1 HOOVER, P.J. Melvin Neuman appeals an order amending the cause of death on Carol Constance Neuman's death certificate. He contends that the circuit court should have included in the cause of death section of the certificate a description of the chain of claimed medical malpractice leading to her death.¹ Neuman asserts that the circuit court "ignored the factual factors and substituted its own opinion about things it alleged to be editorial as opposed to factual." We determine that the death certificate should, under the facts of this case, include only the cause of death, sepsis, and the evolution of the sepsis, not a description of the events related to the cause of death. The "facts" that Neuman asks be incorporated into the order amending the death certificate are neither causes of death nor a description of the evolution of the sepsis. Accordingly, we affirm the order.

¶2 Carol Neuman died in 1989. Her original death certificate reflected her cause of death as a gram negative sepsis, due to or as a consequence of ovarian carcinoma. Melvin Neuman filed a petition in circuit court to correct her death certificate under § 69.12, STATS.² He presented evidence that Carol did not have

¹ Neuman denominated both the Circuit Court for Marathon County and the Honorable Gary L. Carlson as respondents in this appeal. We refer to them collectively as either the circuit court or the court.

² Section 69.12, STATS., provides, in pertinent part:

If the state registrar cannot make an amendment to a vital record under s. 69.11 and a person with a direct and tangible interest in the vital record alleges that information on the vital record does not represent the actual facts in effect at the time the record was filed, the person may petition the circuit court of the county in which the event which is the subject of the vital record is alleged to have occurred. ... If the court finds that the petitioner has established the actual facts of the event in effect when the record was filed, the clerk of court shall report the court's determination to the state registrar

ovarian cancer, but instead that her immune system was compromised by chemotherapy.

¶3 The circuit court found that Melvin met his burden of proving that Carol's death certificate did not represent the "actual facts in effect" at the time the death certificate was filed, insofar as the death certificate listed ovarian carcinoma as an underlying cause of death. The court also found that Melvin met his burden of proving that underlying the cause of death was the suppression of Carol's immune system by chemotherapy. The court thus found a single cause of death, sepsis, which evolved from the chemotherapy's suppression of Carol's immune system. The court's order modified the death certificate to reflect these findings. Melvin does not challenge these findings on appeal.

¶4 Melvin claims that he proved that additional facts existed at the time of filing the death certificate and that the circuit court erred by failing to include these facts in its order. Specifically, Melvin proved that Carol had a rising CA 125 level³ and that the chemotherapy she received was "investigational." The circuit court declined to include these facts in its order to amend the death certificate because they were, respectively, merely the basis for Carol's treatment and a characterization of the treatment. Neither the investigational nature of the chemotherapy nor the rise in the CA 125 level were causes of death or part of the evolution of the disease causing death, sepsis.

When considering a petition filed under this section, the circuit court's only role is to review the evidence presented by a petitioner and to determine whether the petitioner has established the actual facts of the event in effect when the record was filed by the greater weight of credible evidence. See *Sullivan v. Waukesha County*, 218 Wis.2d 458, 466, 578 N.W.2d 596, 599 (1998).

³ A rising CA 125 level is a possible indicator of cancer, but is not conclusive.

¶5 We review the circuit court's factual findings under the clearly erroneous standard: they will not be overturned unless clearly erroneous. Section 805.17(2), STATS. At the hearing before the circuit court, Neuman acknowledged that the rising CA 125 level was merely the basis for treating Carol with chemotherapy and was not a cause of death. Dr. Richard Bartholomew, who performed the autopsy, testified that the immediate cause of death was gram negative sepsis, that the underlying cause of death was a suppressed immune system due to chemotherapy and that there were no other causes of death. He did not identify as causes of death the rising CA 125 level or the investigational nature of the chemotherapy, and no other medical evidence was presented. We therefore conclude that the circuit court's findings are supported by the evidence and are not clearly erroneous.

¶6 Melvin implicitly challenges the circuit court's interpretation of § 69.18(2)(f), STATS. He essentially argues that under this statute, the death certificate must describe the evolution of the sepsis, which he claims includes the chain of events leading to death. Whether the circuit court applied the proper standard under § 69.18(2)(f) is a matter of statutory interpretation, and thus is a question of law that this court reviews de novo. See *Sullivan v. Waukesha County*, 218 Wis.2d 458, 464, 578 N.W.2d 596, 598 (1998). Our goal is to ascertain the legislature's intent. See *id.* The main source for statutory interpretation is the plain language of the statute. See *id.* at 465, 578 N.W.2d at 598. If the language is clear, we may not look beyond the language of the statute to ascertain its meaning. See *id.*

¶7 Section 69.18(2)(f)1, STATS., provides:

A person signing a medical certification ... shall describe, in detail, on a form prescribed by the state registrar, the

cause of death, show the duration of each cause, the sequence of each cause if the cause of death was multiple and, if the cause was disease, the evolution of the disease. The person shall describe a disease in medical terms and may not limit the description to symptoms or conditions resulting from disease. If the cause of a death is medically certified under par. (d), the coroner or medical examiner shall describe any violence related to the cause of death, its effect on the decedent and whether it was accidental, suicidal, homicidal or undetermined.

¶8 Because sepsis is a disease, the statute's clear language requires the death certificate to contain the evolution of the disease, described in medical terms.⁴ The circuit court found that the evolution of the disease began with the chemotherapy, which suppressed Carol's immune system making her susceptible to the sepsis that ultimately caused her death. That the basis of her treatment with investigational chemotherapy was her rising CA 125 level is irrelevant; based on these facts, it was not part of the evolution of the disease.

¶9 Notwithstanding the circuit court's findings, Neuman suggests the death certificate is to contain the basis of a patient's treatment as well as the type of treatment. His suggestion would presumably require that death certificates contain the deceased's medical history and may go on for volumes. We decline to adopt this absurd result. See *Peters v. Menard, Inc.*, 224 Wis.2d 174, 189, 589 N.W.2d 395, 403 (1999). In the case of death by disease, as here, the legislature limited the amount of information required on a death certificate to the cause of death and the evolution of the disease.

⁴ As we discussed earlier, the circuit court's finding of a single cause of death, the sepsis, is not clearly erroneous. We therefore do not discuss the statute's provisions regarding multiple causes of death.

¶10 We determine that the death certificate at issue in this case should include only the medical cause of death and the evolution of the sepsis, not the chain of events leading to death. The facts Neuman asks be incorporated into the death certificate are not causes of death or part of the evolution of the disease, but rather describe a possible chain of malpractice. As such, the circuit court properly excluded them from its order to amend Carol's death certificate. Accordingly, the order is affirmed.

By the Court.—Order affirmed.

Not recommended for publication in the official reports.

In Melvin A. Neuman's appeal of the order amending the cause(s) of Carol Constance Neuman's death, the Court stipulated the original death certificate was erroneous. Neuman asserted cause(s) of death should include the chain of events which led to Carol Constance Neuman's death, viz. the "benign disease" for which chemotherapy was identified in her medical records as rising CA 125 and the chemotherapy is specified "investigational" in medical literature.

Overall, the court ruled that based on the autopsy and the medical literature Neuman proved that:

- (1) Carol Neuman did not have cancer as stated in the original (*intentionally falsified*) death certificate;
- (2) The duration of the fatal gram negative sepsis was "hours";
- (3) She died because she was immunocompromised by chemotherapy;
- (4) Carol Neuman did receive "investigational" (i.e. *research*) chemotherapy; and
- (5) She received the research chemotherapy solely because of a rising CA 125, not because of cancer.

The Court excluded findings (4) and (5) from the death certificate by labelling them 'not causes of her death'. The Court ignored the Death Certificate called for conditions and cause(s); the excluded items conform to the conditions and/or causes specifications.

The Court determined the erroneous causes in the original Death Certificate written by Dr. David D. Jenkins,

(46a) gram negative sepsis one week (duration)

(46b) ovarian carcinoma 18 months (duration),

were totally contradicted by Dr. Richard Bartholomew's autopsy findings and report. In his report duration of infection was fixed uniquely at 'hours when immunocompromised by chemotherapy'. The autopsy found that she had no cancer. Her prior medical records specified chemotherapy was used for elevated CA 125, not cancer.

In its decision the appeals court introduces in a footnote (p 5)

"As we discussed earlier, the circuit court's finding of a single cause of death, the sepsis, is not clearly erroneous. We therefore do not discuss the statute's provisions regarding multiple causes of death."

In truth, the Death Certificate form clearly specifies that each of lines (46a) - (46d) is a conjoined cause/condition for death. From the Death Certificate imposed by Judge Carlson primary cause (46a) and secondary cause of death (46b) are entered. It is proper to enter the immediate cause (46a) with sequencing of causes (46b) and (46c), i.e. how cause (46b) depends on condition (46c).

In 5, the Appeals Court states (with our added emphases and restructuring of the cited paragraph to insert commentaries on the original statements):

"We review the circuit court's factual findings under the clearly erroneous standard: they will not be overturned unless clearly erroneous. Section 805.172(2), STATS.

At the hearing before the circuit court, Neuman acknowledged that the rising CA 125 level was merely the basis for treating Carol with chemotherapy and was not a cause of death.

Appeals court virtually quotes the defendant's brief "...since Mr. Neuman acknowledges that Mrs. Neuman's rising CA 125 level was "benign", it could hardly be found to be an underlying cause of death (Neuman's brief, pp 7)." Neuman, in fact, argued that the "disease" (elevated CA 125) which caused her research chemotherapy treatment was benign, i.e. it was the cause of the "medical misadventure" (Coroners Handbook label).

When "... rising CA 125 level was "benign", it could hardly be found to be an underlying cause of death ..." was, in fact, the misdiagnosis condition that led UWHC to use research chemotherapy without consent. In this situation, it wasn't a "benign" condition. The defendant hides behind 20/20 hindsight.

Neuman never agreed to "merely" (appellate court) or "since ... benign, could hardly be... underlying cause of death" (respondent's assertion). (Neuman's appeal states respondent brief misquoted out of context.) Without rising CA 125 she wouldn't get chemotherapy.

Rising CA 125 caused use of the chemotherapy which, in turn, caused the infection and caused her to be immunocompromised. The benign disease was the sole cause for improper chemotherapy treatment; the court states improper use of chemotherapy- misdiagnosis- is proven.

Treatment of the disease/condition, "benign elevated CA 125", with chemotherapy is stated as irrelevant by the courts. But without the equivalence of elevated CA 125 to dire cancer status she wouldn't have been immunocompromised by chemotherapy. Elevated CA 125 is an known disease to be treated but not with research chemotherapy.

The treatment cause is a benign condition because of misdiagnosis. That does not preclude or exclude a benign condition from being the prime/initial factor in her death. Misdiagnosis makes a benign cause an insidious culprit in her death.

Dr. Richard Bartholomew, who performed the autopsy, testified that the immediate cause of death was gram negative sepsis, that the underlying cause of was a suppressed immune system due to chemotherapy and there were no other causes of death.

Dr. Bartholomew could not testify there were no other causes in her death. He unequivocally asserted he never looked at medical records that were- one by one- put to him at his deposition as medical evidence of her situation. He alleged he never knew of her having the rising CA 125. Neuman presented numerous items of evidence.

He committed the ludicrous and unpardonable sin of being accessory- at the very least- to a charade because he didn't read the data. In his deposition he denied he saw evidence of her true medical records. He emphasized that he 'got some phone calls from doctors'. He never tried to use all medical records to prepare his report.

Dr. Jenkins' ER-Note to Pathology identified her CA 125 status. Thus, he could not testify as to the true reason for chemotherapy. He testified he didn't have the evidence when he wrote his report. (Dr. Richard Morehead, the second pathologist of Associates in Pathology, certainly had this evidence from two sources.)

One by one, her medical records were recited as evidence in the deposition along with medical publications which identify her chemotherapies as investigational plus medical records which identify her condition of falsely asserted cancer and proven elevated CA 125. These same records/publications were separately introduced in the court proceeding prior to the Bartholomew deposition.

The statement "*no other medical evidence was presented*" cited in the appeals decision is false. The fact is the courts refused to identify written medical publications and written medical records as "*medical evidence*" but the verbal Bartholomew answers "I don't know anything about that" were taken as negative evidence.

He did not identify as causes of death the rising CA 125 level or the investigational nature of the chemotherapy, and

We repeat Dr. Bartholomew alleged he never examined her records and he was totally ignorant of anything related to CA 125 elevation!

no other medical evidence was presented. We therefore conclude that the circuit court's findings are supported by the evidence and are not clearly erroneous."

"Immunocompromised" itself is a disease, or diseased condition, that has a cause and makes a person susceptible to other diseases, particularly sepsis. The diseased person who is immunocompromised can be appropriately treated, i.e. with a blood transfusion. Dr. Bartholomew was/is fully aware of the fact.

The court adopted the myopic view that if Dr. Bartholomew didn't express a positive statement about an item, that item was excluded by Dr. Bartholomew rather introduce the truth: Dr. Bartholomew had provided no information about that item.

In his deposition Dr. Bartholomew stated he knew nothing about her CA 125 status BECAUSE DATA ABOUT CA 125 WERE NOT PROVIDED TO HIM IN HIS TELEPHONE CALLS. For this reason in his autopsy report he never cited CA 125. But Dr. Jenkins' Emergency Room Note to Associates in Pathology- Drs. Morehead and Bartholomew- detailed the rising CA 125 as the sole reason for the chemotherapy which led to her death.

Every item that we presented to Dr. Bartholomew at his deposition was medical evidence in this case. The court circumvented this evidence by refusing to medical records and medical literature as evidence. Its criterion became 'If Dr. Bartholomew didn't SAY it, the evidence is not acceptable for the death certificate'.

In short, the court stated "no medical evidence was presented."

based on Dr. Bartholomew saying over and over 'I never saw that medical record' and 'I never saw the publication' because he never checked medical records he should have.

The unequivocal medical evidence was clearly presented but was refused by the court because there wasn't verbal presentation of so-called "medical evidence"-- there were instead totally unbiased documented written medical literature and written medical records.

Hostile witnesses under deposition aren't the most reliable. Paid "expert" witnesses are in a courtroom for obvious reasons, it is more lucratively than being anywhere else unless, of course, they are doing it because they work for a public defender's office and believe the defendant is innocent. Medical publications exist because the research results are acceptable to others and professionally competent referees agree with them.



MARATHON COUNTY CIRCUIT COURT

BRANCH 3

500 FOREST STREET
WAUSAU, WISCONSIN 54403
TELEPHONE (715) 847-5236
FAX (715) 848-3962

VINCENT K. HOWARD
JUDGE

Debbie Kersten, Judicial Assistant

David Hanson, Reporter
Tel. (715) 847-5280

July 2, 1996

Mr. Melvin Neuman
4002 Sternberg Ave.
Schofield, WI 54476

Re: Petition To Amend Death Certificate

Dear Mr. Neuman;

Your petition to amend your wife's death certificate was referred to me for consideration. After a review of the materials attached to that petition and the nature of the relief you request, it is my determination that §69.12 Wis. Stats. is not applicable.

While §69.12 sets forth a procedure for correcting death certificates, it does so without provision for any notice to third parties and a hearing; as such, it is an *ex parte* court review. Because the constitutional right of due process includes the right of notice and formal court proceedings where individual rights are in conflict, §69.12 Wis. Stats. would apparently be limited to the correction of the death certificate for those nominal errors that do not involve the interests or rights of third parties.

What you seek, however, is to have the court determine that the death of your wife, Carol, was the result of medical malpractice, *i.e.* non-consensual chemotherapy due to lack of informed consent, misdiagnosis, falsification of medical records and violations of her civil rights. All of these are legal determinations that adversely effect the interests of third parties in which the *ex parte* procedures of §69.12 are not applicable. As judge I am unable to give legal advice other than to suggest that you contact an attorney to consider what rights and remedies that may be available to you.

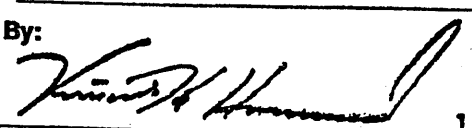
I am sure that after many years together, the death of your wife Carol is a profound loss that you feel daily. For that, you have my deepest sympathy. However, the relief you seek by way of this petition is not appropriate given the allegations.

Sincerely,

A handwritten signature in dark ink, appearing to read "Vincent K. Howard", is written over a horizontal line.

Vincent K. Howard

P.S. Please stop by my office to pick up your materials. Thank you.

APPLICATION FOR JUDICIAL ASSIGNMENT		Case Number(s)	
<input checked="" type="checkbox"/> Specific <input type="checkbox"/> General		96GF7	
Case Caption (General Assignment, Dates - Times) Group File of: Correction of Death Certificate C. Neuman		County Marathon	
		Code 37	
		Date Case Filed 12/13/96	
		Current Court Official Vincent K. Howard	
		Code 820	
		Branch No. 3	District No. 9
TYPE OF CASE			
<p>Indicate one</p> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Civil <input type="checkbox"/> Forfeiture <input type="checkbox"/> Probate <input type="checkbox"/> Small Claims <input type="checkbox"/> Family <input type="checkbox"/> Juvenile</div><div><input type="checkbox"/> Felony (Charge) _____ <input type="checkbox"/> Misdemeanor (Charge) _____ <input type="checkbox"/> Traffic <input type="checkbox"/> Criminal Traffic</div></div> <p>Class. Code for Civil, Small Claims, Family: _____</p>			
CASE STATUS INFORMATION			
Last Activity in Case Filing of Petition for Correction of		Date Death Cert.	
Next Scheduled (or to be scheduled) Activity Review and signing of order		Date	
<div style="display: flex; justify-content: flex-end;"><input type="checkbox"/> Jury Trial <input type="checkbox"/> Post Judgment <input type="checkbox"/> Other: _____</div>			
Information helpful to chief judge and judge assigned (e.g., time limits in effect, defendant in custody, other judges already substituted or disqualified, other attorneys) Judge Thums, Judge Hoover and Judge Grau have all reviewed this informally before it was filed and all have indicated conflicts			
ATTORNEY INFORMATION			
Attorney for Plaintiff James E. Low		Attorney for Defendant	
Address P.O. Box 1184 Wausau, WI 54402-1184		Address	
Telephone 842-2291		Telephone	
REASON FOR ASSIGNMENT APPLICATION			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 1. Substitution Request, dated: _____ by <input type="checkbox"/> plaintiff. <input type="checkbox"/> defendant. <input checked="" type="checkbox"/> 2. Disqualification - Wis. Stats.: Judge has a conflict Reason: of interest <input type="checkbox"/> 3. On Assignment <input type="checkbox"/> 4. Congestion <input type="checkbox"/> 5. Vacation <input type="checkbox"/> 6. Family Medical Leave <input type="checkbox"/> 7. Judicial Education: _____</div><div><input type="checkbox"/> 8. Expedite Litigation: _____ <input type="checkbox"/> 9. Vacancy <input type="checkbox"/> 10. Mentoring <input type="checkbox"/> 11. Meeting: _____ <input type="checkbox"/> 12. Chief Judge Duties <input type="checkbox"/> 13. Military Service <input type="checkbox"/> 14. Jury Duty <input type="checkbox"/> 15. Disciplinary Action <input type="checkbox"/> 16. Other: _____</div></div>			
Application Prepared By Debbie Kersten, Judicial Assistant		Chief Judge/DCA Approval	
Current Court Official Approval		<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Explain): _____	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied (Explain): _____		By: _____	
By: 		Chief Judge/District Court Administrator	
Current Court Official		Date	
12/19/96		Assigned Judge: _____	

February 14, 2000

GENERAL STATEMENT: FALSIFIED DEATH CERTIFICATE

Melvin A. Neuman, PhD

I received the notice of the hearings Friday, February 11 for evaluation of doctors. I am submitting materials which relate to the actions of the doctor who intentionally falsified my wife's Death Certificate. As detailed below the doctor deliberately falsified a public document to cover-up for other doctors. In turn, further cover-ups by these doctors in other falsified records are proven by comparing them to original test reports.

The original fake Death Certificate stated (gram negative sepsis, 1 week) and (ovarian carcinoma, 18 months) while the corrected one (SS 69.12 amended) states (gns, hours), removes cancer, and specifies her death was due to chemotherapy effects. The autopsy had reported no cancer and death in a matter of hours from the infection because of chemotherapy. Her death was, in fact, due to the research chemotherapy which was used without her consent/knowledge and without her insurer's consent/knowledge because of her elevated CA 125 was equated to cancer. The many benign causes of raised CA 125 include ascites and rapid benign tissue growth. Univ of Wisconsin Hospital/Clinics MDs lied there were no benign causes. UWHC Referrals had covertly assigned her to research.

The false Death Certificate was issued to cover-up insurance fraud: there was no consent from her or from her insurer so that the UWHC research treatments that caused her death were based on fraud. As documented in UWHC Medical Records her doctors knew two months before her death and one month before the fatal research chemotherapy began that she had benign causes of CA 125 elevation and didn't have cancer. The test results that her CA 125 had benign causes were withheld from the Discharge Summary and from us.

The documentation in this case is extensive and breaks down into various categories:

(1) Materials from Dr. David Jenkins who wrote the false Death Certificate.

Prior to the Death Certificate he freely wrote in the ER-Note and the letter to me that CA 125 was the sole treatment basis and named the research chemotherapies. When autopsy results became known, he had to lie to remove the true cause of death was misdiagnosis of a benign condition for which unconsented research was used. Shortly after the phony Death Certificate was issued Dr. Jenkins became a UW-affiliated physician. I have included the page labeled (k. therapeutic misadventure) from the Coroner's Handbook which outlines a case where the wrong drugs would have been used by accident; in her case the research drugs were deliberately used without signed informed consent when it had been known for six weeks that she was misdiagnosed. Dr. Jenkins knew these facts.

(2) Materials related to Associates in Pathology who did the autopsy.

As stated, the autopsy of Dr. Richard Bartholomew revealed no cancer and identified acute infection causing death in a matter of hours. Severe gastrointestinal damage was reported but wasn't considered in relation to her death. In fact, earlier UWHC tests stated her mid-April infection was from gi-damage due to intraperitoneal chemotherapy.

Dr. Richard Morehead wrote the letter to Dr. Earl Zabel (gynecologist) which identified the roles of gi-damage and CA 125 in her death but THESE DATA WERE NEITHER FILED IN AUTOPSY REPORT NOR IN HER RECORDS. Associates in Pathology split the autopsy duties so that one did the testing while the other reviewed records. In his court deposition, Dr. Bartholomew denied he knew her CA 125 status and the relation of the gi-damage to the prior infection but the Zabel letter shows Dr. Morehead knew her history but omitted data from the autopsy report. Dr. Morehead lied in his letter to me. .

We have just filed a lawsuit to obtain all her pathology records because Associates in Pathology through their lawyer have, in defiance of the state laws, refused to provide these data to the widower (me). (I didn't include a copy of the autopsy because Dr. Morehead's statement succinctly abstracts it- no cancer with gi-damage from chemo.

(3) Decision from the Appeals Court and my summary of it are included.

The appeal is to be published very shortly. I included a copy of the decision and my brief summary of the meaning of the findings. The amended Death Certificate is not totally consistent with the Coroner's Handbook statement. The much more extensive findings contained in the decision weren't allowed as corrections in the Death Certificate. In brief, the Court agreed with our assertion but wouldn't allow it in the Death Certificate because it identified misdiagnosis and unconsented research. We couldn't name the disease or condition which was being treated with chemotherapy: Why? because it was benign. This is what "Medical Misadventure" is supposed to record.

I also included the original submission to Judge Howard plus his "opinion". As you see he tried to deny amended SS 69.12 exists for the purpose the legislature and governor intended it and for which I used it. He didn't file this "opinion" with the Court-- it was a private 'get rid of him'. This explains why the other Marathon County judges didn't take the case when it was filed by my lawyer and why my PhD (doctorate, physical chemistry) is identified in the lawsuit to assert my credibility in scientific analyses.

There are seven or more doctors who cooperated to cover-up data in her case. Dr. Zabel entered my phone calls to him in her records-- but he didn't file Dr. Morehead's medical evidence which extends the autopsy results. Drs. Morehead and Bartholomew omitted any mention of CA 125 as the reason for chemotherapy and cause of the fatal infection even though it was in the UWHC Records, Dr. Jenkins' letter to PATHOLOGY, and the letter to Dr. Zabel. Three UWHC doctors- Drs. Dolores Buchler, Richard Smalley, and David Goldstein- abused her in unconsented research and falsified reports of test results. And there is Dr. Jenkins who gave her a non-existent cancer four days after she died when he knew the autopsy and UWHC records specified there was none.

Each doctor was pledged to tell the truth but each found reasons to cover-up intentionally continuing to use a misdiagnosed patient in research without her knowledge/consent and without her insurer's knowledge/consent. This is why the doctors cooperated to write a fake Death Certificate even though each one knew the truth.

DOCUMENTATION FOR THIS STATEMENT IS IN SEVERAL PARTS

- (A) Materials related to Appeals Court decision for correction of her Death Certificate.
- (B) Materials from University of Wisconsin Hospital/Clinics.
- (C) Materials related to autopsy by Associates in Pathology.
- (D) Materials related to lawsuit against Associates in Pathology to recover her records.

WAUSAU HOSPITAL CENTER
RECORD OF DEATH FORM

Neuman, Carol

DATE: 6-26, 19 89 TIME OF DEATH: 1235

PRONOUNCED BY: Dr D. Dixon TIME: 1235

FUNERAL HOME: Hayden NOTIFIED: 1705

Schofield Wis.

CORONER CASE: Yes ☐ No ☒ Religion Episcopalian

DECEASED IS A SUITABLE ORGAN/TISSUE DONOR:

Yes ☐ No ☒

NEXT OF KIN CONSENT TO DONATE: Dr Dr Jenkins

UNIT: 9L R.N. SIGNATURE: _____

DISPOSITION OF PERSONAL BELONGINGS

	Family	Funeral Home	Hospital Safe
1. clothing	_____	_____	_____
2. jewelry	_____	_____	_____
<u>none</u>	_____	_____	_____
3. dentures/ partials	_____	_____	_____
<u>none</u>	_____	_____	_____
4. eye wear	_____	_____	_____
<u>none</u>	_____	_____	_____
5. money/ amount	_____	_____	_____
<u>none</u>	_____	_____	_____
6. other	_____	_____	_____
<u>medicine</u>	_____	_____	_____

AUTHORIZATION FOR AUTOPSY

DATE (OF AUTOPSY): _____ 19 _____ TIME (OF AUTOPSY): _____ Autopsy No. 89A-59

DOCTOR: David D. Jenkins - limited to neck down Hospital No. _____

I, Melvin A. Neuman, have assumed custody for the purpose of burial of the body of Carol Neuman who is my wife and, in accordance

with Sec. 155.05 of the Wisconsin Statutes, do hereby grant permission to a licensed physician to be designated by Wausau Hospital Center, Wausau, Wisconsin, to perform a complete post-mortem examination of said body for the purpose of determining the cause of death and to retain such organs, parts of organs or tissue that may be necessary for microscopic study, medicolegal investigation, education or research purposes.

WITNESS: Donald R. Monroe WITNESS: Neil A. Hoppe SIGNED: Melvin A. Neuman

AUTHORIZATION FOR ORGAN/TISSUE DONATION

Date & Time _____ I, _____, of _____

_____ give permission to Wausau Hospital Center to remove the following organs/tissues _____ for the purpose of possible transplantation into another person(s) or for medical or educational purposes in cooperation with _____

(name of transplant center and/or eye bank, etc.)

WITNESS: _____ WITNESS: _____ SIGNED: _____

TO BE COMPLETED PRIOR TO CORNEAL SHIPMENT

1. Time and date of enucleation: _____
2. Time funeral home notified (after autopsy/enucleation) _____
3. Transporter notified (time of pickup) _____
4. Time Madison notified: _____
5. Estimated time of arrival: _____
6. Bus _____ Plane _____ UPS _____ Other _____

*SIGNATURE OF ENUCLEATOR: _____

White copy - Chart copy

ASSOCIATES IN PATHOLOGY, S.C.

808 THIRD STREET WAUSAU, WISCONSIN 54401
TELEPHONE 715-842-3375

Copy of
COPY
ANNOTATED

R. D. BARTHOLOMEW, M. D.
KATHY P. BELCEA, M. D.
STEVEN E. BODEMER, M. D.
GUY W. HOLMES, M. D.
RICHARD T. MOREHEAD, M. D.

July 31, 1989

Dr. E. W. Zabel
Wausau Medical Center
Department of OB/GYN
Wausau, WI 54401

RE: NEUMAN, CAROL

Dear Earl,

I was sorry to hear from you about the unexpected death of Ms. Neuman, especially in the circumstances that you described. I can certainly understand her husband's bereavement.

I have reviewed all our material here on the case (89A-59, 88-3889, and 87-6828). I certainly agree with Dr. Bartholomew's assessment that Gram negative sepsis was the most likely cause of death. This is especially likely in view of the low-grade bowel obstruction she apparently had from the peritoneal fibrosis as well as the indwelling catheters. I agree with the original diagnosis, and review of the second look material still shows no tumor to my eye. Furthermore, Dr. Gilchrist at the University of Wisconsin reviewed the surgical material and reached the same conclusions.

we need all their records

Second/Third opinions

I can only conclude that the University of Wisconsin decided to re-institute chemotherapy on the basis of a rising CA-125 tumor antigen. I can certainly see the rationale for doing this, yet, I am not current in the literature in this area.

denies Death Cert

I guess the question comes down to: does a rising CA-125 indicate tumor recurrence and can anything else imitate it? I am sure that the oncologists at the University of Wisconsin would have much data in hand to answer this.

Answered by medical literature

Sincerely yours,

Tom

Richard T. Morehead, M.D.

RTM/jg

cc: Dr. D. Jenkins

was told it had nothing to do with cancer, and he did nothing about it.

ASSOCIATES IN PATHOLOGY, S.C.

404 S. 3RD AVE. WAUSAU, WISCONSIN 54401-4639

TELEPHONE 715-847-2130

FAX 715-847-2930

COPY

KATHY P. BELGEA, M. D.
STEVEN E. BODEMER, M. D.
DONALD C. GIBSON, M. D.
JUY W. HOLMES, M. D.
RICHARD T. MOREHEAD, M. D.
DAVID D. SPRINGER, M. D.

August 24, 1995

Mr. Melvin A. Neuman
4002 Sternberg Avenue
Schofield, WI 54476

Dear Mr. Neuman:

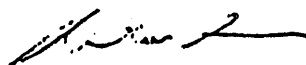
I have reviewed the materials you sent our business manager, Mr. Hamm, on 8-10-95, regarding your wife's unexpected death. As you recall, I also reviewed the autopsy report (per your request) earlier this year. I also consulted a local oncologist on the advisability of reinstituting chemotherapy based on a rising CA125 level. You have obviously spent much time gathering this material and have developed it much further than earlier in the year. However, I must state to you that my opinions have not changed in this matter.

- 1) There is nothing in Dr. Bartholomew's autopsy report that conflicts with the facts in the case. Dr. Bartholomew developed his conclusions on the information he had at the time and had no access to the UW files. But, if he had, I don't see that his conclusions would be substantially different. We cannot alter or amend his report - and I see no reason to do so.
- 2) A rising CA125 level in a post ovarian cancer patient is an ominous finding. As you are quite aware, there are other possible causes for CA125 other than recurrent tumor, but recurrence is - by far - the most likely possibility. For this reason, it is accepted practice in Oncology to re-institute chemotherapy even when the recurrence is not documented histologically, which may be difficult or impossible.

I am sure that all concerned were upset when tumor was not documented at autopsy. Because tumor was not present at autopsy does not assure that she was tumor free.

I know your wife suffered an untimely and unexpected death and you are suffering greatly. I must ask you to consider whether you would have felt any better if you had declined the chemotherapy and your wife suffered a slow decline and death from metastatic disease. I ask you to consider carefully what your feelings would be now - if that had been the fact. I hope you can somehow come to terms with your grief.

Sincerely yours,



R.T. Morehead, M.D.

CLINICAL HISTORY

The patient was diagnosed as having a stage III carcinoma of the ovary in December of 1987 at which time she had a bilateral salpingo-oophorectomy and omentectomy. She had catheters installed into the abdomen (peritoneal surfaces) and into the blood vessels to facilitate the administration of anti-cancer drugs. She was treated on multiple different occasions with chemotherapy - the most recent one being six days prior to the present hospital admission.

Four days prior to the most recent hospital admission, she complained of incessant diarrhea and contacted her physician, complaining of difficulty in standing associated with the diarrhea. Immediate arrangements were made to bring her to the Emergency Room of the Wausau Hospital Center. When her husband went back to the bathroom to prepare her to come to the hospital, he found she was unconscious.

When the EMTs arrived, the patient was found to be pulseless and without respiration or blood pressure. CPR was initiated and continued until she was admitted to the Emergency Room where the Emergency Room personnel took over and continued these efforts. She was admitted at 12:15 PM and was pronounced dead at 12:35 PM, never having made a significant response to the various therapies that were administered to her during this period of time.

Review of the patient's past medical history reveals multiple infections, particularly around the catheter and, on her admission in May of 1989, had a septicemia from which E. coli was cultured. At the same time, staph epidermidis was cultured from around the abdominal catheter.

An autopsy was ordered to see if the immediate cause of the patient's death could be established. The autopsy permit excluded examination of the central nervous system. Present at the autopsy was Mr. David Vachowiak.

EXTERNAL EXAMINATION

The body is that of a well-developed, fairly well-nourished female who appears slightly older than her stated age of 53 years. The patient appears to be slightly more than 5 feet in height and there is a reddish-gray discoloration particularly noticeable in the skin exposed to sunlight (such as face, shoulders, and upper arms). The cause for this is not known. There is also some scaling of the superficial layers of skin, the cause of which is not known. Aside from these findings, there are no apparent anatomical abnormalities of the face, neck, thorax, upper or lower extremities. Examination of the abdomen reveals a midline scar which extends from immediately beneath the umbilicus down to the pubis. In the upper portion of the scar, there is an opening where a catheter had been removed from it some time in the past.

INTERNAL EXAMINATION

The anterior thoracic and abdominal walls were opened without difficulty. There was no apparent pleural effusion. The lungs were in normal relationship to each other, and the heart was not enlarged. The abdominal viscera were difficult to observe due to innumerable adhesions which had formed between the various loops of large and small bowel and many adhesions were identified between the inferior margin of the liver and the loops of small intestine immediately adjacent to this. During the first general inspection, there was no evidence of metastatic carcinoma in any area.

AUTOPSY PROTOCOL

August 3, 1989

Autopsy Number 89A-59

(Carol Neuman)

Page One

Four days prior to the most recent hospital admission, the patient began to have unremitting diarrhea and called Dr. Rengel, who was taking Dr. Jenkin's calls, for suggestions about controlling the problem. According to the patient's notes, he suggested staying away from roughage and to continue drinking juices. Dr. Rengel also suggested Kaopectate and the possible use of Imodium. At this point (8:50 p.m. Thursday), the patient's husband went to the Shopko Pharmacy and had the pharmacist call Dr. Rengel in order to get the prescription (Imodium) for Mrs. Neuman.

As far as can be determined from Mrs. Neuman's phone notes, there was no discussion of possible hospitalization for her on Thursday. She did write that she was to call Dr. Rengel at 9:15 a.m. on Monday if things were not better.

Over the weekend (Friday, Saturday, and Sunday), the diarrhea seemed to be getting better (patient's notes) with periods of up to 7 hours between movements.

On Monday morning, the patient was weaker than on Sunday but was coherent. Her husband felt that something was wrong and called Dr. Jenkin's office at 11:00 a.m. Immediate arrangements were made to bring her to . . .

aug 3, 1989

Dear Dr. Neuman,

If this meets your approval, I shall insert it into the Clinical History (page one) where the lines have been crossed out.

Sincerely,

Richard D. Bartholomew
Richard D. Bartholomew, M.D.

N4
TRANSCRIBED INITIAL INTERVIEW OF CAROL CONSTANCE NEUMAN AT
UNIVERSITY OF WISCONSIN HOSPITAL/CLINICS FEBRUARY 14, 1989

INITIAL INTERVIEW

Referral
dated Feb 10

UNIVERSITY OF WISCONSIN
UNIVERSITY HOSPITAL AND CLINICS
600 HIGHLAND AVENUE
MADISON, WI 53792

BP 158/86 TEMP 37° PULSE 80 RESP 16
WEIGHT HEIGHT
ALLERGIES: CT iodine contrast list of antibiotic allergies in
records (?) Adriamycin (?)

HISTORY OF PAST AND PRESENT CANCER (date and diagnosis)
rx ovarian ca Dec 87 Hysterectomy
 (treatment of ovarian cancer Dec 87 with total hysterectomy)
June 1988 - 2nd look surgery clean
January 1989 CA 125 elevated x2 (twice)
CT last Thurs - normal (5 days before Tues, Feb 14)

CHEMOTHERAPY Cytosin + Cis-Plat , 1 dose with
 Adriamycin with reaction (allergic)

OTHER HEALTH HISTORY: excema as a child 25 yrs rx atopic
 dermatitis

PURPOSE OF VISIT: second opinion ☒ investigational rx
 treatment other
 (ONLY TREATMENT WAS ALLOWED BY INSURER REFERRAL)
Dr. Duelge- oncologist but closed practice transferred to Dr.
Jenkins (HER FIRST VISIT TO DR. JENKINS WAS FEBRUARY 24!!!)

Initial Interview specifies she had an elevated CA 125. There is no statement of recurrent cancer, e.g. 2nd look surgery was clean and the very recent (5 days earlier) CT Scan was normal. From the statement of the interviewing nurse there was no observed cancer which is essential for even considering investigational treatment. A research treatment requires signed informed consent of the patient and specific approval of the insurer for payment.

The true insurer referral didn't approve research treatment. Without our knowledge UWHC changed referral to avoid seeking the required signed informed consent from her. All they needed was one checkmark without informing her or us. (Initial Interview.)

NORTH CENTRAL HEALTH PROTECTION PLAN
(A Cooperative Plan)

Referral Payment Authorization

UNDER THE PROVISIONS OF THE NORTH CENTRAL HEALTH PROTECTION PLAN, TREATMENT PROVIDED BY NONPARTICIPATING PROVIDERS MUST BE AUTHORIZED BY THE PLAN MEDICAL DIRECTOR PRIOR TO THE DATE SERVICES ARE RECEIVED IN ORDER TO BE CONSIDERED FOR PAYMENT UNDER THE PLAN.

THIS REFERRAL AUTHORIZES PAYMENT ONLY FOR TREATMENT PROVIDED BY THE HEALTH CARE PROVIDER NAMED BELOW, FOR THE MEDICAL CONDITION/DISABILITY NOTED BELOW. PAYMENT FOR MEDICAL PROCEDURES PERFORMED OR SERVICES PROVIDED THAT ARE (1) NOT AUTHORIZED OR ASSOCIATED WITH THE DISABILITY INDICATED, (2) RENDERED OUTSIDE THE TIME PERIOD NOTED BELOW OR (3) PROVIDED AFTER TERMINATION OF COVERAGE. **WILL BE THE RESPONSIBILITY OF THE PATIENT.**

PLAN PATIENTS ARE ALSO HEREBY ADVISED THAT THEY WILL BE RESPONSIBLE FOR PAYMENT OF THE PORTION OF THE CHARGE SUBMITTED BY A NONPARTICIPATING PROVIDER THAT IS IN EXCESS OF THE PREVAILING USUAL AND CUSTOMARY FEE. AUTHORIZATION DOES NOT APPLY TO SERVICES OR CHARGES FOR WHICH PAYMENT IS EXCLUDED BY THE BENEFITS CONTRACT.

Patient: Carol Neuman

Plan Employee: same

HPP ID Number: 468-36-6080 Diagnosis: Ovarian Cancer

Referred To: UW Hospital/Clinic - Madison

REASON FOR REFERRAL — Only those procedures/services checked are authorized for payment.

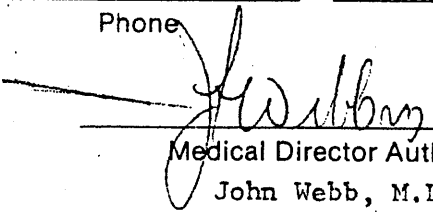
- ☒ Consultation ☒ Lab, X-ray, Testing
☒ Treatment ☐ Surgery

LIMITATIONS/RESTRICTIONS ON THE SERVICES AUTHORIZED FOR PAYMENT

This referral is for the following time period only: 2-10-89 to 2-10-90

David Jenkins, M.D. 18944 (715) 847-2004 2-13-89
Participating Physician Requesting Referral Phone Date

North Central Health Protection Plan
(A Cooperative Plan)
P.O. Box 969
Wausau, WI 54401-0969
(715) 842-6115


Medical Director Authorization
John Webb, M.D.

Present original to Provider to whom referred and retain a copy for your records.

WAUSAU HOSPITAL CENTER

WAUSAU, WISCONSIN

EMERGENCY ROOM NOTE

D.D. Jenkins, MD
MED REC #:

PROBLEM #1: Cardiopulmonary arrest.
PROBLEM #2: Ovarian carcinoma.

SUBJECTIVE: Mrs. Neuman is a 53 year old woman who, over the last 18 months, has been treated for ovarian carcinoma, initially Stage III, treated primarily with CAP chemotherapy and on rising CEA 125 levels, subsequently with interperitoneal Platinum VP-16 and, most recently, Leucovorin 5FU.

She had received a dose of Leucovorin 5FU, approximately, six days prior to the present hospital admission and four days prior to the present hospital admission, diarrhea started. The diarrhea continued for several days but she was able to keep liquids down. She contacted Dr. Tom Rengel in the absence of Dr. Jenkins and Dr. Western and a decision was made to go on with oral liquids. At that point in time, deferred from hospitalization.

On the morning of dictation, she contacted this examiner complaining of difficulty standing and incessant diarrhea. Immediate arrangements were made to triage her to the Emergency Room of Wausau Hospital Center for further care.

When her husband went back to her in the bathroom, she was found to be down and unconscious. When EMTs arrived, the patient was found to be pulseless without respiration and without a blood pressure. CPR was initiated and was carried out through her hospital and, subsequently, managed by Dr. Don Dixon.

At 12:35 p.m. on 6-26-89 she was pronounced dead with no pulse, no spontaneous respiration, no palpable blood pressure, pupils were fixed and there was no response to pain.

At the request of this physician, a request for autopsy was made. After discussion with Reverent Don Dinsmore, myself and Mr. Neuman, a decision was made to implement autopsy and to ascertain, not only the immediate cause of death but, hopefully, the pathologic sites for the elevated CEA-125 level which never had been established on multiple CT scans.

Dict 6-26-89
Tran 6-28-89

c: Dr. D. Western
Pathology

D.D. Jenkins, MD/slk

EMERGENCY ROOM NOTE

DAVID D. JENKINS M.D., S.C.
Internal Medicine
Oncology / Hematology

Westhill Medical Specialists
2800 Westhill Drive, Suite 200
Wausau, WI 54401

Telephone:
BUS: (715) 847-2004
RES: (715) 359-9359

June 29, 1989

Mr. Melvin Neuman
4002 Sternberg Ave.
Schofield, WI 54476

Dear Mr. Neuman:

While I do not have the formal typewritten report back on your wife's postmortem examination, I have talked to Dr. Richard Bartholomew, the examining physician.

In short, there was nothing in your wife's abdomen. There was no evidence of ovarian carcinoma. The closest thing that Dr. Bartholomew could say was that he felt that she died of an infectious process, probably a gram negative bacteria.

Once I have the formal report, I will forward it to you.

Sincerely,


David D. Jenkins, M.D.

DDJ:wlh

k. Therapeutic misadventure

There are basically three types of medical therapy-related deaths covered in this handbook:

1. Complications of surgery, prescription drug use and other medical procedures performed or given for disease conditions
See section 14, Natural cause deaths
2. Complications of surgery, prescription drug use and other medical procedures performed or given for traumatic conditions
See item j in this section
3. Therapeutic misadventures wherein the procedure itself was done incorrectly or drugs were given in error (either the wrong drug or inappropriate dosage)
example below

Therapeutic misadventure deaths are accidental in manner and must be investigated by the coroner/medical examiner.

MANNER OF DEATH 1. <input type="checkbox"/> Natural 4. <input type="checkbox"/> Homicide 2. <input checked="" type="checkbox"/> Accident 5. <input type="checkbox"/> Under. 3. <input type="checkbox"/> Suicide 6. <input type="checkbox"/> Pending		DATE OF INJURY (Mo., Day, Yr.) March 26, 1994	HOUR OF INJURY 7:50 A M
PLACE OF INJURY (Home, Street, Farm, etc.) Hospital		INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LOCATION Street or RFD, City or Vill. and State in which injury occurred 893 S Monroe St. Green Bay WI			COUNTY Brown

46. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)		Interval Between Onset and Death Minutes	PART II Other significant conditions contributing to death but not resulting in underlying cause given in Part I. Arteriosclerotic heart disease
46a. Hemorrhage	(DUE TO OR AS A CONSEQUENCE OF):	Minutes	
46b. Laceration of aorta during bypass surgery	(DUE TO OR AS A CONSEQUENCE OF):	Minutes	
46c. Post myocardial infarction	(DUE TO OR AS A CONSEQUENCE OF):	2 weeks	
IF INJURY, DESCRIBE HOW INJURY OCCURRED Aorta lacerated during bypass surgery			

Eduardo Bruera*
Carleen Brenneis
Mary Michaud
Neil MacDonald¹

July 1, 1987

¹Department of Medicine, Cross Cancer Institute, Edmonton, Alberta, Canada.

*Reprint requests to: Eduardo Bruera, MD, Department of Medicine, Cross Cancer Institute, 11560 University Ave, Edmonton, Alberta T6G 1Z2, Canada.

Severe and Fatal Toxic Effects Observed in Treatment With High- and Low-Dose Leucovorin Plus 5-Fluorouracil for Colorectal Carcinoma

The Gastrointestinal Tumor Study Group has been conducting a randomized phase III study in advanced measurable colorectal carcinoma comparing 5-fluorouracil (5-FU) alone (500 mg/m² by iv bolus on Days 1-5 every 4 wks with escalation as tolerated) versus 5-FU plus high-dose calcium leucovorin (leucovorin at a dose of 500 mg/m² iv over 2 hrs + 5-FU at 600 mg/m² by iv bolus given 1 hr following initiation of leucovorin, repeated weekly for 6 wks, followed by a 2-wk rest) versus 5-FU plus low-dose leucovorin (leucovorin at 25 mg/m² iv over 10 mins + 5-FU at 600 mg/m² by iv bolus given 1 hr following initiation of leucovorin, repeated weekly for 6 wks, followed by a 2-wk rest). Unexpectedly severe and fatal toxicity has been observed in the patients receiving high- and low-dose leucovorin plus 5-FU.

Among the patients evaluable for at least one full course of treatment, severe or worse diarrhea has occurred in approximately 25% and 13% of the patients receiving 5-FU with high- and low-dose leucovorin, respectively. A cohort of nine elderly patients (median age, 73 yrs; range, 67-81) experienced fatal toxicity during the initial treatment cycle. The patients developed severe diarrhea with or without nausea and vomiting, leading to dehydration. The majority of these patients had neutropenia and developed fever, and some had documented sepsis. Several of these patients had concomitant stomatitis. All of the patients presented with signs of dehydration, and some had abdominal pain and distention. Three patients developed acute renal failure as the terminal event. Postmortem examinations were performed in two patients. Both patients had evidence of enterocolitis. One patient for whom a complete autopsy report is available had microscopic evidence of hemorrhagic enterocolitis. The second patient had serosanguineous ascites and pleural effusions as well as erosions of the stomach mucosa. Another patient who presented with hypotension, abdominal pain, and tenderness underwent upper gastrointestinal endoscopy, and biopsies were taken from the esophagus and small bowel. Histological examination revealed ileitis, duodenitis, and esophageal ulceration. This patient recovered with vigorous hydration, parenteral hyperalimentation, transfusions, and antibiotics. The clinicopathological picture in these patients, therefore, is toxic enterocolitis with dehydration, and sepsis may

have resulted from disruption of the integrity of the mucosal lining. This protocol has been modified subsequently to withhold therapy if any signs of toxicity are observed.

In the phase III study of 5-FU plus leucovorin versus 5-FU alone versus methotrexate plus 5-FU, which was conducted at Roswell Park, diarrhea requiring dose reduction of 5-FU occurred in one-half of the patients assigned to receive 5-FU at a dose of 600 mg/m² plus leucovorin at 500 mg/m²/week for 6 weeks; there was one treatment-related fatality (1).

At the present time, the use of leucovorin in combination with 5-FU is considered to be investigational. The unexpected, severe toxicity observed in both the high- and low-dose leucovorin treatment arms should serve to caution against the use of this combination outside the clinical research setting until further information has been gained about the relative toxicity and therapeutic benefits. This experience underlines the importance of reporting life-threatening and lethal adverse drug reactions that are unexpected or occur at an increased frequency in trials using commercially available agents in a novel, investigational regimen.

REFERENCE

1. PETRELLI N, HERRERA L, STULC J, ET AL. A phase III study of 5-fluorouracil (5-FU) versus 5-FU + methotrexate (MTX) versus 5-FU + high dose leucovorin (CF) in metastatic colorectal adenocarcinoma. Proc ASCO 6:74, 1987.

Jean L. Grem^{1,*}
Dale D. Shoemaker¹
Nicholas J. Petrelli²
Harold O. Douglass, Jr.²

July 22, 1987

¹Investigational Drug Branch (J. L. Grem) and Regulatory Affairs Branch (D. D. Shoemaker), Cancer Therapy Evaluation Program, Division of Cancer Treatment, National Cancer Institute, Bethesda, MD.

²Department of Surgical Oncology, Roswell Park Memorial Institute, Buffalo, NY.

*Reprint requests to: Jean L. Grem, MD, Investigational Drug Branch, Cancer Therapy Evaluation Program, Division of Cancer Treatment, National Cancer Institute, Landow Bldg, Rm 4C09, National Institutes of Health, Bethesda, MD 20892.

N5

COPY

STATE OF WISCONSIN MARATHON MARATHON COUNTY, CIRCUIT COURT PROBATE BRANCH

IN THE MATTER OF THE ESTATE OF

2000 FEB 10 PM 3:49

CAROL CONSTANCE NEUMANPETITION FOR APPOINTMENT OF
SPECIAL ADMINISTRATOR

FILED

Social Security # 468-36-6080 DeceasedTO THE CIRCUIT COURT OF MARATHON COUNTY:File No. 00-PR-18MELVIN A. NEUMAN

being sworn, states that:

Carol Constance Neumanage 53 years, died onJune 26, 1989, domiciled in the City of SchofieldMarathon

County, Wisconsin;

and his post office address was 4002 Sternberg Avenue, Schofield, Wisconsin 54476;Petitioner is interested as spouse;

That it is necessary to appoint a special administrator because:

I wish to pursue litigation to recover the complete medical records of Carol Constance Neuman.

All statements herein are true of petitioner's own knowledge, or based upon petitioner's information and belief.

WHEREFORE, petitioner asks that letters of special administration be issued to Melvin A. Neumanpost office address 4002 Sternberg Avenue, Schofield, Wisconsin 54476Melvin A. Neuman

Name

4002 Sternberg Avenue

Post Office Address

Schofield, WI 54476

Post Office Address

SWORN TO BEFORE ME ON February 10, 2000Notary Public, WisconsinAttorney James E. LowCrooks, Low, Connell & Rottier, S.C. Attorney531 Washington StreetP. O. Box 1184

Address

Wausau, WI 54402-1184(715) 842-2291 State Bar ID #1010239

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH _____

MARATHON COUNTY

MELVIN A. NEUMAN,
Personally and In His Capacity
as Special Administrator of the
Estate of Carol Constance Neuman,
4002 Sternberg Avenue
Schofield, Wisconsin 54476

Plaintiff,

COMPLAINT

Case No. 00-SC-_____

Code No. 30703

vs.

No Dollar Amount Claimed

ASSOCIATES IN PATHOLOGY, S.C.,
a Wisconsin Service Corporation
404 S. Third Avenue
Wausau, WI 54401-4639,

Defendant.

NOW COMES the Plaintiff above named by James E. Low of Crooks, Low, Connell & Rottier, S.C. his attorneys, and as and for a cause of action against the Defendant above named allege, set forth and show to the Court the following:

1. The Plaintiff, Melvin A. Neuman, is an adult residing at 4002 Sternberg Avenue, Schofield, Marathon County, Wisconsin 54476, and is the surviving spouse of Carol Constance Neuman who died on June 26, 1989.
2. That Melvin A. Neuman has been appointed as Special Administrator of the Estate of Carol Constance Neuman and Letters of Special Administration have been issued to him and he brings this claim in his personal capacity as well as his capacity as Special Administrator of the Estate of Carol Constance Neuman.
3. That prior to her death the Defendant rendered pathology services to Carol Constance Neuman and subsequent to her death the Defendant rendered pathology services (autopsy) for Melvin A. Neuman through Wausau Hospital.
4. The Plaintiff, Melvin A. Neuman, through his counsel has made numerous requests for a certified copy of the entire clinical file of Carol Constance Neuman of the Defendant beginning with the letter of March 19, 1999, a copy of which is attached hereto and made a part hereof as though set forth at length, marked Exhibit A, and the Defendant has wilfully refused to supply the same.

5. The requests of the Plaintiff have been made under and pursuant to the provisions of §146.83 and §146.84, Stats., and the Plaintiff's requests for relief have been made pursuant to the provisions of §146.83 and §146.84, Stats.

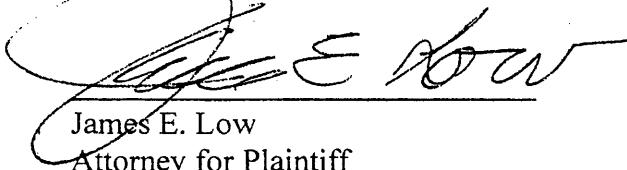
6. Plaintiff attaches hereto and makes a part hereof by reference as though set forth at length Exhibits A thru E.

WHEREFORE, the Plaintiff requests relief as follows:

For the complete and accurate health care records of Carol Constance Neuman from the Defendant, Associates in Pathology, S.C., including all correspondence in and out concerning Carol Constance Neuman and all notes, memorandum or other records dealing with the care of Carol Constance Neuman and all financial records concerning the care of Carol Constance Neuman including all charges, all billings and all receipts and for the imposition of the penalties as set forth in §146.84, Stats.

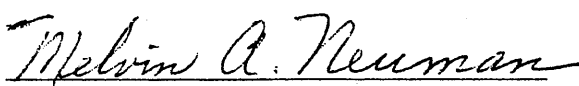
Dated this 10th day of February, 2000.

CROOKS, LOW, CONNELL
& ROTTIER, S.C.



James E. Low
Attorney for Plaintiff

APPROVED:



Melvin A. Neuman

DRAFTED BY:

Attorney James E. Low

State Bar ID # 1010239

CROOKS, LOW, CONNELL & ROTTIER, S.C.

531 Washington Street

P. O. Box 1184

Wausau, WI 54402-1184

(715) 842-2291

J. CROOKS
1907-1992)
TRICK L. CROOKS
MES E. LOW
MES B. CONNELL
EVIN P. CROOKS
UART R. ROTTIER

CROOKS, LOW, CONNELL & ROTTIER, S.C.

ATTORNEYS AT LAW
531 WASHINGTON STREET
P. O. BOX 1184
WAUSAU, WI 54402-1184
TELEPHONE: 715-842-2291
FAX: 715-845-7367
E-MAIL: CROOKSLAWFIRM@EXECPC.COM

THURSDAY
IN MARATHON, WI
PEOPLES STATE BANK BLDG.
715-443-3881

March 19, 1999

Associates in Pathology
404 S 3rd Avenue
Wausau, WI 54401

RE: Carol Constance Neuman
Date of Birth: 7/5/35
Date of Death: 6/26/89
Case No. 96-GF-7

Dear Staff:

Please forward to me a certified copy of the entire clinical file of Carol Constance Neuman.

In addition to the clinical file I will want a copy of all correspondence received and/or sent dealing with matters concerning her care or treatment, particularly any such correspondence following her death on 6/26/89. A medical authorization is enclosed.

We have enclosed our check in the amount of \$8.40 as a prepayment for the cost of the copies. Additional costs will be paid on billing.

Please contact us if we can be of assistance to you in responding to this request. Thank you.

Very truly yours,

CROOKS, LOW, CONNELL & ROTTIER, S.C.

James E. Low

JEL:ml

Encls.

cc: Melvin A. Neuman, Ph.D.

EXHIBIT A

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH _____

MARATHON COUNTY

MELVIN A. NEUMAN,
Personally and In His Capacity
as Special Administrator of the
Estate of Carol Constance Neuman,
4002 Sternberg Avenue
Schofield, Wisconsin 54476

Plaintiff,

vs.

ASSOCIATES IN PATHOLOGY, S.C.,
a Wisconsin Service Corporation
404 S. Third Avenue
Wausau, WI 54401-4639

Defendant.

SUMMONS

Case No. 00-SC-_____

Code No. 30703

No Dollar Amount Claimed

THE STATE OF WISCONSIN to each person named above as a Defendant:

YOU ARE HEREBY notified that the Plaintiff named above has filed a lawsuit or other legal action against you. The Complaint, which is attached, states the nature and basis of the legal action.

Within forty-five (45) days of receiving this Summons, you must respond with a written Answer, as that term is used in Chapter 802 of the Wisconsin Statutes, to the Complaint. The Court may reject or disregard an Answer that does not follow the requirements of the statutes. The Answer must be sent or delivered to the Court, whose address is

Clerk of Circuit Court
Marathon County Courthouse
500 Forest Street
Wausau, WI 54403

and to James E. Low, Plaintiff's attorney, whose address is:

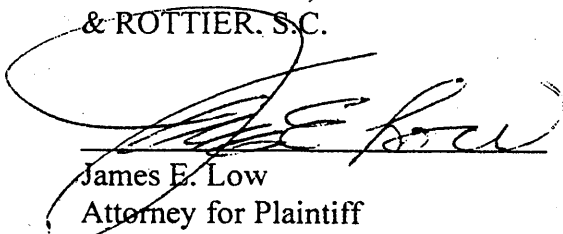
Crooks, Low, Connell & Rottier, S.C.
531 Washington Street
P. O. Box 1184
Wausau, WI 54402-1184

You may have an attorney help or represent you.

If you do not provide a proper answer within forty-five (45) days, the Court may grant judgment against you for the award of money or other legal action requested in the Complaint, and you may lose your right to object to anything that is or may be incorrect in the Complaint. A judgment may be enforced as provided by law. A judgment awarding money may become a lien against any real estate you own now or in the future, and may also be enforced by garnishment or seizure of property.

Dated this 10th day of February, 2000.

CROOKS, LOW, CONNELL
& ROTTIER, S.C.



James E. Low
Attorney for Plaintiff

DRAFTED BY:
Attorney James E. Low
State Bar ID # 1010239
CROOKS, LOW, CONNELL & ROTTIER, S.C.
531 Washington Street
P. O. Box 1184
Wausau, WI 54402-1184
(715) 842-2291

CROOKS, LOW, CONNELL & ROTTIER, S.C.

J. CROOKS
1907-1992)
ATRICK L. CROOKS
JES E. LOW
JES B. CONNELL
EVIN P. CROOKS
GUART R. ROTTIER

ATTORNEYS AT LAW
531 WASHINGTON STREET
P. O. BOX 1184
WAUSAU, WI 54402-1184
TELEPHONE: 715-842-2291
FAX: 715-845-7367
E-MAIL: CROOKSLAWFIRM@EXECPC.COM

THURSDAY
IN MARATHON, WI
PEOPLES STATE BANK BLDG.
715-443-3881

May 11, 1999

Mr. Samuel J. Leib
Leib & Associates, S.C.
Empire Building
Ninth Floor
710 N. Plankinton Avenue
Milwaukee, WI 53205

FILE COPY

RE: Carol Neuman Matter

Dear Mr. Leib:

Enclosed with this letter please find a copy of my March 19, 1999 correspondence to Associates in Pathology. My recent communications with them have been for the sole purpose of getting the certified copy of their entire file including correspondence.

If there is anything about this request that you don't understand please let me know otherwise would you get me the certified copy of the file including the correspondence.

We just recently learned that Associates in Pathology does have relevant correspondence that will aid us in getting Mrs. Neuman's death certificate corrected.

Very truly yours,

CROOKS, LOW, CONNELL & ROTTIER, S.C.

James E. Low

JEL:ml

Encl.

cc: Dr. Melvin A. Neuman

EXHIBIT B

CROOKS, LOW, CONNELL & ROTTIER, S.C.

ROOKS
-1992)
K L. CROOKS
E. LOW
B. CONNELL
P. CROOKS
T R. ROTTIER

ATTORNEYS AT LAW
531 WASHINGTON STREET
P. O. BOX 1184
WAUSAU, WI 54402-1184
TELEPHONE: 715-842-2291
FAX: 715-845-7367
E-MAIL: CROOKSLAWFIRM@EXECPG.COM

THURSDAY
IN MARATHON, WI
PEOPLES STATE BANK BLDG.
715-443-3881

June 25, 1999

Mr. Samuel J. Leib
Leib & Associates, S.C.
Empire Building
Ninth Floor
710 N. Plankinton Avenue
Milwaukee, WI 53205

FILE COPY

RE: Carol Neuman Matter

Dear Mr. Leib:

I am sending along a copy of my May 11, 1999 letter concerning Carol Neuman and Associates in Pathology. I have not had any reply to that letter. At this time I make the additional request for copies of all financial records of Associates in Pathology dealing with any care, treatment or lab work done in connection with any medical care on behalf of Carol Neuman.

As you know we have been trying to get most of this information for a very extended period of time so our patience is about to expire.

We are concerned that you are not in compliance with §146.83(4)(b), Wis. Stats.

If you have some reason for not releasing these records and the information we are requesting we would be pleased to address those with you otherwise I will look forward to your prompt reply.

Very truly yours,

CROOKS, LOW, CONNELL & ROTTIER, S.C.

James E. Low

JEL:ml

Encl.

cc: Dr. Melvin A. Neuman

EXHIBIT C

CROOKS, LOW, CONNELL & ROTTIER, S.C.

CROOKS
7-1992)
ICK L. CROOKS
S E. LOW
S B. CONNELL
N P. CROOKS
RT R. ROTTIER

ATTORNEYS AT LAW
531 WASHINGTON STREET
P. O. Box 1184
WAUSAU, WI 54402-1184
TELEPHONE: 715-842-2291
FAX: 715-845-7367
E-MAIL: CROOKSLAWFIRM@EXECPC.COM

THURSDAY
IN MARATHON, WI
PEOPLES STATE BANK BLDG.
715-443-3881

July 2, 1999

Mr. Samuel J. Leib
Leib & Associates, S.C.
Empire Building
Ninth Floor
710 N. Plankinton Avenue
Milwaukee, WI 53205

FILE COPY

RE: Carol Neuman Matter

Dear Mr. Leib:

Neither you nor Associates in Pathology have furnished us with one item of correspondence dealing with Carol Neuman's care. We want all correspondence in the file dealing with any issues related to her care. That would be all incoming correspondence and all outgoing correspondence. If that is unclear let me know what is unclear about it.

We want a record of all charges made for any care rendered on behalf of Carol Neuman. That's what we mean by financial records. If you have some other financial record other than billing for care rendered to Carol Neuman then we would like to have that as well.

It is your job to turn over to me all of the records and I can't tell you what they are. You have to tell me what they are. We are asking for all of them. If you have some records about Carol Neuman's care that you thin you don't have to furnish tell me what they are and we'll discuss how to handle them.

I don't think there is anything unclear about our request but if you have something that you don't understand about it please get in touch with me. I too am getting tired of making requests that go unanswered.

I get hundreds of medical records and billing records and patient correspondence records annually without this kind of trouble.

Your client should be in a position to certify that it has furnished every scintilla of information in its files dealing with care rendered to Carol Neuman including the charges made and the billings made and the receipts for payment of that care along with all the clinical notes and all correspondence relating to her care.

EXHIBIT D

Mr. Samuel J. Leib

July 2, 1999

Page 2

Like I said I would be happy to talk to you if you have any questions but I can't identify for you what those records are.

Very truly yours,

CROOKS, LOW, CONNELL & ROTTIER, S.C.

James E. Low

JEL:ml

cc: Dr. Melvin A. Neuman

CROOKS, LOW, CONNELL & ROTTIER, S.C.

D. J. CROOKS
(1907-1992)
PATRICK L. CROOKS
JAMES E. LOW
JAMES B. CONNELL
KEVIN P. CROOKS
STUART R. ROTTIER

ATTORNEYS AT LAW
531 WASHINGTON STREET
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FAX: 715-845-7367
E-MAIL: CROOKSLAWFIRM@EXECP.COM

THURSDAY
IN MARATHON, WI
PEOPLES STATE BANK BLDG.
715-443-3881

July 30, 1999

Mr. Samuel J. Leib
Leib & Associates, S.C.
Empire Building
Ninth Floor
710 N. Plankinton Avenue
Milwaukee, WI 53205

FILE COPY

RE: Carol Neuman Matter

Dear Mr. Leib:

Enclosed is a copy of my July 2, 1999 letter to which I have had no reply.

It's beginning to look more and more like your client is not in compliance with 146.83(4) and it's beginning to look more and more like an action will be required under 146.84 or other applicable statute. Please give this matter your immediate attention.

Very truly yours,

CROOKS, LOW, CONNELL & ROTTIER, S.C.

James E. Low

JEL:bln

Encls. - July 2, 1999 letter

cc: Dr. Melvin A. Neuman

EXHIBIT 